LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS			
NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)	
PLAGUE		Yersinia pestis	
PREPARING FOR INVESTIGATION			
KNOW THE DISEASE/CONDITION	 Read about Plague in the CD Manual. See the case definition for Plague in the CD Manual. Study APHA Control of Communicable Diseases Manual, 19th ed., pp 463 - 471. Print and review reporting forms. Part 1: Confidential Disease Report (DHHS 2124) Part 2: Plague (DHHS/EPI #29) 		
BIOTERRORISM POTENTIAL	Y. pestis is a potential bioterrorism agent. Notify local law enforcement and state public health		
CATEGORY A CONDUCTING INVESTIGATION	officials	immediately if bioterrorism is suspected.	
COLLECT CLINICAL INFORMATION	officinve state heal If pa med ches and Obta date If bu shar Look supp	rm health director and state public health stals before proceeding with any plague estigation, (919) 733-3419. Consider having a medical epidemiologist contact the thcare provider. tient hospitalized for this disease, obtain ical record (admission note, progress note, st x-ray(s), biopsy report(s), other lab report(s), discharge summary). ain healthcare provider clinical notes from (s) of service for this disease/condition. bo(s) are present, obtain digital image(s) to e with medical epidemiologist. a for evidence in the medical record that corts clinical findings described in the case nition.	
REVIEW LABORATORY INFORMATION APPLY THE CASE DEFINITION	ReviEvalrequConpatieUse	ew laboratory report(s) specific to this disease. uate laboratory results to determine if irements of the case definition are satisfied. tact healthcare provider if further testing of the ent is indicated. the case definition to determine if the clinical laboratory findings meet the case definition	

IMPLEMENTING CONTROL MEASURES ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE Review clinical documentation and interview patient or other knowledgeable person for potential source(s) of exposure: recent travel to the Western U.S. or other plague endemic areas (particularly parts of Africa, Asia, the Middle East, South America and western Canada) o exposure to rodents, large mammals (domestic or wild) or other wildlife or pets (especially cats) with or without observance of fleas work in a laboratory exposure to anyone with a severe undiagnosed illness, especially one with respiratory manifestations Note: Plague is not endemic to the Eastern United States (east of the Mississippi River). Consider chemoprophylaxis of laboratorians or **IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES** others potentially exposed. Use the CDC website www.cdc.gov to teach at risk people about the disease. CD nurses should work with their local health director and environmental health specialist to evaluate risk, identify areas of rodent infestation and the need for personal protective equipment, restrict access to infested areas, and ensure rodent extermination programs are in place. Inform public health veterinarian (919) 733-3419 and NCDA when infected animals are suspected. REPORTING INVESTIGATION REPORT TO NC COMMUNICABLE Enter Part 1 and Part 2 Communicable Disease DISEASE BRANCH (CD) Reports into NC EDSS as a new event, or update the existing event if already entered. Assign event to State Disease Registrar when case investigation complete. **CASE FINDING** During the course of the investigation, interview other exposed individuals for symptoms of illness. Refer symptomatic individuals to healthcare provider for evaluation. SPECIAL CONSIDERATIONS PUBLIC HEALTH PREPAREDNESS AND RESPONSE If bioterrorism event likely: (PHPR) Inform the local Preparedness Coordinator. Call the PHPR 24/7 pager (877) 236-7477.

PERSONAL PROTECTIVE MEASURES	 If non-bioterrorism event, public health workers should exercise caution in doing environmental investigations. Personal protective measures include application of insect repellant to clothing and skin, according to label instructions, to prevent flea bites, and wearing gloves when handling potentially infected animals. Airborne precautions should be used in cases of pneumonic plague until 48 hours after antibiotic therapy.
RISK COMMUNICATION	 Any case of this disease will pique interest among media, health professionals, government officials, and the public. Consider using risk communication tools conservatively if this is a low profile, naturally-occurring case. Outbreaks of even naturally-occurring cases will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release. In a bioterrorism event, pre-existing crisis communication plans should be enacted. NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.